### Caseload and Management of Patients

In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.

The amount of patient care responsibilities assigned to me were just about right for my current level of training.

In general, I had an opportunity to develop procedural skills commensurate with my level of training.

I was given ample opportunity to become involved in learning about management of patient cases.

I felt supported and encouraged to present a differential diagnosis and treatment plan.

### Expectations/Learning Objectives

Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.

On this rotation, the course protocol and its learning objectives were used by my preceptor to help me focus on content and/or skills that I was expected to master.

There were adequate didactics on this service to enhance my existing knowledge base; i.e. conferences were scheduled regularly and occurred as scheduled.

The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.

### Resources

There were sufficient educational resources (computers, books, journals, & other library materials) available to me on this rotation.

I had access to educational resources at times that were convenient to me.

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#### Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>Class Year: 2012</th>
<th>N=</th>
<th>NA N</th>
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</table>
Osteopathic Principles and Practice

On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).

Faculty knowledgeable in the appropriate use of OP&P in case management were available to me as needed.

I had opportunities to use OMM on this service.

When seeking out opportunities to apply OMM, I felt supported by the faculty here.

Preclinical Preparation

The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.

The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.

In general, the material I learned in Years 1 & 2 had little clinical relevance to what I encountered on this service.

Supervision/Feedback

I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).

On this service, I never quite knew where I stood in meeting expected outcomes.

On this service, there was always someone available to answer my questions when I had them.

The post-rotation examination reflected the core content areas as described in the course protocol.

Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>Osteopathic Principles and Practice</th>
<th>N= 13</th>
<th>NA</th>
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<th>SD</th>
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<th>N</th>
<th>A</th>
<th>SA</th>
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</thead>
</table>
| On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM). | 13 | 1 | 8% | 2 | 17% | 4 | 33% | 1 | 8%
| Faculty knowledgeable in the appropriate use of OP&P in case management were available to me as needed. | 13 | 5 | 42% | 5 | 42% | 2 | 17% |
| I had opportunities to use OMM on this service. | 13 | 1 | 8% | 3 | 25% | 4 | 33% | 2 | 17% | 1 | 8%
| When seeking out opportunities to apply OMM, I felt supported by the faculty here. | 13 | 4 | 33% | 3 | 25% | 4 | 33% | 1 | 8%

<table>
<thead>
<tr>
<th>Preclinical Preparation</th>
<th>N= 13</th>
<th>NA</th>
<th>N</th>
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</table>
| The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service. | 13 | 2 | 17% | 3 | 25% | 5 | 42% | 2 | 17%
| The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service. | 13 | 2 | 17% | 9 | 75% | 1 | 8%
| In general, the material I learned in Years 1 & 2 had little clinical relevance to what I encountered on this service. | 13 | 1 | 8% | 4 | 33% | 3 | 25% | 3 | 25% | 1 | 8%

<table>
<thead>
<tr>
<th>Supervision/Feedback</th>
<th>N= 13</th>
<th>NA</th>
<th>N</th>
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</table>
| I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.). | 13 | 2 | 15% | 2 | 15% | 7 | 54% | 2 | 15%
| On this service, I never quite knew where I stood in meeting expected outcomes. | 13 | 2 | 13% | 5 | 33% | 3 | 20% | 3 | 20% | 2 | 13%
| On this service, there was always someone available to answer my questions when I had them. | 13 | 6 | 46% | 7 | 54% |
| The post-rotation examination reflected the core content areas as described in the course protocol. | 13 | 6 | 46% | 1 | 8% | 2 | 15% | 2 | 15% | 2 | 15%
I feel prepared to insert a Foley catheter (male and female).

I can satisfactorily perform a surgical hand scrub.

I am able to gown and glove alone and with assistance.

I can perform instrument ties.

I can perform one-handed surgical ties.

I can perform surgical knots wearing surgical gloves.

I am able to properly change surgical dressings, both clean and contaminated.

I am able to suture and staple skin using sterile technique.

I am able to perform the proper exam of an acute abdomen.

I am able to prep and drape a surgical field.

### Professionalism

I was treated as a professional by those supervising my **student-physician** role on this service.

My supervising faculty on this service modeled **physician-patient** interactions on this service in ways I would like to emulate.

Issues of professionalism were included as a point of discussion by faculty on this rotation.

### Procedures

I feel prepared to insert a Foley catheter (male and female).

I can satisfactorily perform a surgical hand scrub.

I am able to gown and glove alone and with assistance.

I can perform instrument ties.

I can perform one-handed surgical ties.

I can perform surgical knots wearing surgical gloves.

I am able to properly change surgical dressings, both clean and contaminated.

I am able to suture and staple skin using sterile technique.

I am able to perform the proper exam of an acute abdomen.

I am able to prep and drape a surgical field.
This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.

My experiences on this rotation stimulated my commitment to become a physician.

My experiences on this rotation stimulated my commitment to become an osteopathic physician.

Due to this rotation, I am comfortable caring for surgical patients including pre-operative and post-operative care.

<table>
<thead>
<tr>
<th>Activity</th>
<th>N= 13</th>
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<th>D</th>
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<tbody>
<tr>
<td>I am able to administer local anesthetic.</td>
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<td>I am able to administer peripheral IV insertion.</td>
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<td>I am able to perform nasogastric tube insertion.</td>
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<td>I am able to perform the patient teaching, incentive Spirometry, drain care, etc.</td>
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</table>

**Overall Assessment**

This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.

My experiences on this rotation stimulated my commitment to become a physician.

My experiences on this rotation stimulated my commitment to become an osteopathic physician.

Due to this rotation, I am comfortable caring for surgical patients including pre-operative and post-operative care.
Expectations/Learning Objectives

Section Comments
A lecture on gallstone ileus helped me on my shelf exam

Resources

Section Comments
So much reading and self-education was expected of students, I felt that some time each week should have been dedicated for study while in the hospital. 12-14 hour shifts did not leave ample time for the amount of material that was expected to be covered in 4 weeks.

I am able to administer local anesthetic.

The content of the online materials in the Angel course for Surgery reviewed the procedures I needed to be successful on my surgery rotation.

Yes
Most were covered
Did not look at them
Yes.
I did not need to use online material. My hospital orientation provided the info and direction I needed.
yes
Yes.
agree

A thorough review of the procedures needed for this rotation is necessary during the campus orientation.

it would be nice.
True
Yes that would be helpful as long as it was during 2nd year summer semester. A half day rotating experience would be perfect.
Yes, I think so.
yes
that would be nice
No.
agree

I feel that the hospital orientation covered what I needed to know to be successful in this rotation.

I was unable to attend the orientation.
true
Disagree
Yes.
We did not have a formal orientation since it was my base hospital

Yes.

I agree

Overall Assessment

Section Comments

I feel that another rotation or two weeks more back to back in surgery would be more beneficial to students to become more comfortable with pre-op and post-op care

Overall Summary - Please complete the following sentences.

The most beneficial experiences, classes, assignments, or activities in all my on-campus MSU/COM courses/experiences, which facilitated my performance on this clerkship rotation, were:

Learning how to tie surgical knots

GI

Respiratory course, cardio course, ACLS, doctor pt. interaction.

The systems, particularly GI was helpful on this rotation.

the GI course and suture clinics that I engaged in

Clinical Skills and Patient Interview.

Suture clinic

anatomy, GI

This rotation could have been improved by:

Telling me what i need to study from for the upcoming shelf exam.

Top Notch

More variety of procedures.

More interesting cases (which is really out of anyones control...). Not many general surgery cases at POH.

Fewer students.

adding a few additional weeks to this core rotation

Surgeons being more patient in general.

less down time

The thing(s) I like most about this rotation was (were):

independence

Encouragement and ample opportunities to gain hands on experience

Interns/Residents, opportunities to do many hands on procedures and help in the OR.

Time spent in the OR

the residents and attending physicians

Hands on surgery.
being in the O.R.